	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial	\$875,031	less than 1%
2.	Automobile Physical Damage		
	Private Passenger	***************************************	1 (1 10/
_	Commercial	\$309,001	less than 1%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery Fire		
9.			
10. 11.	Extended Coverage Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
13.	Line of Insurance		
Does f	filing only apply to certain territory (	(territories) or certain classes? If so, specify:	
na		`	
Brief	description of filing. (If filing follow	ws rates of an advisory organization, specify	organization):
Revi	sing our Experience Credit table fro	m 0% (1.00) to 1% credit (.99).	

All America Insurance Company
Name of Company

Mrs. Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

result from application of new rates.

Change	in	Company's	premium	or	rate	level	produced	by	rate
revisio	on i	effective	8-13-201	0					

revision effective 8-13-20	10	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial	1,816,981	-5.4%
2. Automobile Physical Damage		
Private Passenger	224 225	-10.2%
Commercial	934,337	-10.24
3. Liability Other Than Auto 4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance	-	
Does filing only apply to certain to If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization We are filing to revise our compans factors and also implementing a new we are also adopting ISO Designation	): ISO y base rates and physical w medical payments coverag on #CA-2009-BRLA1 that rev	damage deductible e limit of \$10,000.
Garages and Hired Autos and are al Secondary Classifications.	so revising the applied fa	ctors for select
* Adjusted to reflect all prior rate ** Change in Company's premium lever result from application of new :	el which will	

Kelly Urban - Senior State Filings Analyst
Official - Title

Allstate Indemnity Company
Name of Company

Change i	n Company's	premium	or	rate	level	produced	by	rate
revision	effective	8-13-201	0				•	

revision effective 8-13-20	10	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial	2,535,735	-0.1%
2. Automobile Physical Damage Private Passenger		-0.1%
Commercial	1,406,831	-0.14
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	i): We are revising our c	company base rates and tible factors and are new medical payments
* Adjusted to reflect all prior r  ** Change in Company's premium lev  result from application of new	el which will	
	Allstate Insurance Name of Compar	

Kelly Urban - Senior State Filings Analyst
Official - Title

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private Passenger		
Commercial	\$4,208,062	0.0%
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		· ·
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa Classes? If so,	nin territory (territories) or	certain
specify: N/A		
Brief description of filing. (If f	iling follows rates of an a	dvisorv
Organization, specify		•
organization):	Arch Insurance Company	, a member of Insurance Services
Office, Inc. (ISO), is filing to adopt ISO's Comm	mercial Auto loss cost revision as conta	ained in filing designation # CA-2009-R
*Adjusted to reflect all prior ra **Change in Company's prem		It from application of nev
rates.	Arch Insurance Co	mpany
	Na	me of Company
	Todd Gallagher, Co	mpliance Analyst
		Official – Title

# **RECEIVED**

MAR - 4 2010

Form (RF-3)

#### **SUMMARY SHEET**

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD

(	Change in Company's premium or rat	te level produced by rate revision effective	ve 02/25/2010 New Business, 04/01/2010 Renewal Busine
	(1)	(2)	(3)
	(1)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial	\$12,934,429	-7.77%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	\$5,502,789	-3.51%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	and the second s	
12.	Homeowners		
13.	Commercial Multi-Peril		
13. 14.	Crop Hail		
15.	Other		
15.	Line of Insurance		
	Line of insurance		
	filing only apply to certain territory (t	erritories) or certain classes? If so, spec	ify:
No			
rief o	description of filing. (If filing follow	s rates of an advisory organization, spec	ify organization): '
Ame	indment of base rate and rating factor	s resulting in an overall program rate cha	ange of -6.5%.
* A	djusted to reflect all prior rate change	es.	
	hange in Company's premium level v	vhich will	
re	esult from application of new rates.		
			tisan and Truckers Casualty
		Co	ompany
			Name of Company

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial	\$1,159,683	less than -1%
2.	Automobile Physical Damage Private Passenger		
	Commercial	\$358,936	less than -1%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	-	
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	~1'	erritories) or certain classes? If so, specify:	
	ning only apply to certain territory (t	erritories) of certain classes: 11 so, specify.	
na			
<del></del>			
	1 1 2 001 (1001 011		anganization):
snet (	description of filing. (If filing follow	s rates of an advisory organization, specify	
Kevi	sing our Experience Credit table from	1 0% (1.00) to 1% credit (.99).	

\* Adjusted to reflect all prior rate changes.
\* Change in Company's premium level which will result from application of new rates.

Central Mutual Insurance Company Name of Company

Mrs. Petrise Meyer Sr Rates and Forms Analyst Official - Title

#### Form (RF-3)

#### **SUMMARY SHEET**

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial	\$1,420,272	3.5%
2.	Automobile Physical Damage		
	Private Passenger	£427.215	15.9%
,	Commercial	\$427,215	13.976
}. '	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
٠.	Fire		
	Extended Coverage		
•	Inland Marine		
•	Homeowners		
j.	Commercial Multi-Peril		
	Crop Hail		
5.	Other		
	Line of Insurance		
ac f	iling only apply to certain territory (t	erritories) or certain classes? If so, specify:	
0.	ining only apply to certain territory (o	eritories) or certain classes: It so, specify.	
his	filing applies to all territories and cor	nmercial auto classes	

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Changes in this filing include revisions to base rates for Commercial and Private Passenger Liability and Collision as well as Uninsured Motorists Coverage. Age Group Relativities are revised and expanded, several SIC Rating Factors and Codes are added to the manual and Zip Codes are revised. Some Primary and Secondary codes are revised and there are miscellaneous editorial changes.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Farmers Insurance Exchange
Name of Company

Nicolas Boivin, Assistant Actuary
Official - Title

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# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1)	(2)	(3)	
	Annual Premium	Percent	
Coverage	Volume (Illinois)*	<u>Change ( + or -)**</u>	
1. Automobile Liability			
Private Passenger	NAMES OF THE PROPERTY OF THE P	10 00000000000000000000000000000000000	
Commercial	4,618,810	-3.0%	
2. Automobile Physical Damage Private Passenger	Control of the Contro		
Commercial	1,568,549	-4.0%	
3. Liability Other Than Auto			
4. Burglary and Theft	AND THE CONTRACT OF THE CONTRA		
5. Glass			
6. Fidelity	The second of th		
7. Surety	Secretary Co. 20 Telephone 1 Telephone 1982 Commission Commission Co. 1 Telephone 1982 1981 1981 1981		
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine	\$		
12. Homeowners	**************************************	000000 3000055 7 20000 Proces 1 100000 1000000000000000000000000000	
13. Commercial Multi-Peril			
14. Crop Hail		**************************************	
15. Other	2188412000000001148114000001110000000000		
Line of Insurance			
oes filing only apply to certain territory (territories	) or certain classes? If so specify		
ces ming only apply to certain territory (territories	, or commensors. It so, specif.		
THE CASE IN COLUMN CONTRACT OF THE CASE IN COLUMN CONTRACT OF THE CASE IN COLUMN COLUM		COLCOMOR COMMINIC TO COLCO COMMINIC COMMINIC COMMINIC COMMINICATION COMINICATION COMMINICATION COMMI	**************************************
		application of the control of the co	en e
rief description of filing. (If filing follows rates of	an advisory organization, specify organizati	ion):	
this filing, we are adopting ISO's recent advisor	ry loss costs for commercial auto, ISO revi	sion designation number CA	-2009-BRLA1.
			200 A CONTRACTOR CONTR
* Adjusted to reflect all prior rate changes;			

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change is based on Chubb Group data.

\*\* Change in Company's premium level which will result from application of new rates;

MAR 2 9 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Federal Insurance Company

Name of Company

Joanna M. Solarz, FCAS, MAAA - Senior Actuarial Officer

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

Change in Company's p	premium or rate le	evel produced by rate	e revision
effective 08/01/2010			

	enective 00/0 1/2010	•	
<u>-</u>	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
••	Passenger		
	Commercial	\$2,469,612	0
2	Automobile Physical Damag	\$2,409,012	0
4	•		•
	Private Passenger	<b>*************************************</b>	
_	Commercial	\$361,532	0
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail	MAX.000	
15.	Other		
	Life of Insurance		
•			
	Does filing only apply to certa	iin territory (territories) or	certain
	Classes? If so,		
	specify: No No		
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify		
	organization):		Commercial Auto loss cost and
	rules filings CA-2009-RLC09 and C	CA-2009-RRU09.	
	*Adjusted to reflect all prior ra		
	**Change in Company's prem	nium level which will resu	It from application of new
	rates.		
		First Nonprofit Inst	
			me of Company
			gulatory Filing Analyst
			Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		8/1/2010	
(1)	(2)	(3)	
	Annual Premium	Percent	
Coverage	Volume (Illinois)*	Change $(+ \text{ or } -)^{**}$	
1. Automobile Liability			
Private Passenger			
Commercial	1,475,725	-3.0%	
2. Automobile Physical Damage			
Private Passenger			
Commercial	603,255	-4.0%	
3. Liability Other Than Auto		. Land to the state of the stat	
4. Burglary and Theft			
5. Glass		, yaayaayaanaa aa a	
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail		p get 1000000 Latest contact. Annual Continues 2011 (1994) 1 Latest Continues 2013 (1994) 1 L	
15. Other			
Line of Insurance			
Line of histrance			
Does filing only apply to certain territory (territ	tories) or certain classes? If so, specify:		
	tes of an advisory organization, specify organiz dvisory loss costs for commercial auto, ISO re	cation): evision designation number CA-2009-BRLA1.	
* Adjusted to reflect all prior rate chang	ges;		

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change is based on Chubb Group data.

premium is calendar year written premium at year end 2008.

\*\* Change in Company's premium level which will result from application of new rates;

MAR 2 9 2010

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Great Northern Insurance Company

Name of Company

Jounna M. Solarz, FCAS, MAAA - Senior Actuarial Officer

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

### FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	ite level produced by rate revision
effective 08/01/2010	

	Chechive do/o hzo to	· · · · · · · · · · · · · · · · · · ·	
-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
	Automobile Liability Private	Volume (illinois)	Change (101-)
•	•		
	Passenger	400 007	A PI
	Commercial	130,327	Nil
	Automobile Physical Damag		•
	Private Passenger	40.005	A (1)
	Commercial	40,295	Nil
	Liability Other Than Auto		
	Burglary and Theft		
•	Glass		
	Fidelity		
	Surety		
•	Boiler and Machinery		
	Fire		
0.	Extended Coverage		·
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other		
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: No	in territory (territories) or	r certain
	Brief description of filing. (If find Organization, specify organization):	We are adopting loss	costs and rules contained in ISO
	reference document numbers CA-2	2009-RLC09 and CA-2009-R	RU09.
	*Adjusted to reflect all prior ra **Change in Company's premates.	iium level which will resu	alt from application of new
			me of Company
		lya .	THE OF COMBANA

Name of Company
Pamela Holliday, Regulatory Compliance Analyst
Official – Title

(	Change in Company's premium or rate	level produced by rate revision effective	4/1/10 new and 6/1/10 renewals
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial	\$948,399	6.2%
2.	Automobile Physical Damage Private Passenger	47.0,0,0	
	Commercial	\$325,518	18.7%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	***************************************	
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
No.		ritories) or certain classes? If so, specify:	
This	filing applies to all territories and com-	mercial auto classes.	
Chan well: and C	ges in this filing include revisions to b as Uninsured Motorists Coverage. Ag	rates of an advisory organization, specify of ase rates for Commercial and Private Passe e Group Relativities are revised and expandicular codes are revised. Some Primary and Section 2015	enger Liability and Collision as ded, several SIC Rating Factors

\* Adjusted to reflect all prior rate changes.
\*\* Change in Company's premium level which will result from application of new rates.

Mid-Century Insurance Company Name of Company

Nicolas Boivin, Assistant Actuary Official - Title

(	Change in Company's premium or rate	level produced by rate revision effective	August 1, 2010
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial	5,360,000	0
2.	Automobile Physical Damage Private Passenger		
	Commercial	1,141,000	0
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (ter	ritories) or certain classes? If so, specify:	
Nation of the concrete Nation Illino	onal Casualty Company is advising you e Insurance Services Office for our cur- urrent with ISO's distribution date of A onal Casualty Company is a subscriber	of the Insurance Services Office for Comr ISO Loss Cost reference filing CA-2009-I	O Loss Costs, Rules, and Forms Ve request an effective date  mercial Auto in the state of

National Casualty Company Name of Company

<sup>\*</sup> Adjusted to reflect all prior rate changes.\* Change in Company's premium level which will result from application of new rates.

# Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or rate level	produced by rate revis	ion effective	8/1/2010
(1)	(2)		(3)
( 1 )	Annual Premium		Percent
Coverage	Volume ( Illinois )*		Change ( + or - )
1. Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercial	\$1,973		0.0%
3. Liability Other Than Auto		<u> </u>	
4. Burglary and Theft		<u> </u>	
5. Glass		-	
6. Fidelity			
7. surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril			
14. Crop Hail		_	
15. Other			
Line of Insurance		_	
Does filing only apply to certain territory ( ter	ritories) or certain clas	ses? If so, specify:	No
		<del>.</del>	
Brief description of filing . ( If filing follows ra	toe of an advisory orga	nization enecify ora	anization ):
Adoption of ISO Loss Cost, CA-2009-RLC0			anization j.
Adoption of 100 Loss Cost, CA-2003-NECOS	o, for Amarice Member	Oct viocs i rogiaini.	
	***		
'Adjusted to reflect all prior rate changes.			
*Change in Company's premium level whic	h will result from applic	ation of new rates.	
3 J			
		North American Elite	e Insurance Company
	-		company
			eta ±ee A
	-		Filings Assistant
		Offici	al-Title

Form (RF-3)

## **ILLINOIS DEPARTMENT OF INSURANCE**

Change in Com	npany's premium or rate leve	I produced by rate revision effective	06/01/2010 new renewal
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
	Liability Private	17,366,939	-0.5%
	: Physical Damage	17,300,939	-0.376
	Passenger Commercial	8 418 475	-0.1%
	ner Than Auto		0.170
4. Burglary ar			
5. Glass	<del></del>		
6. Fidelity			
7. Surety	<del></del>		
8. Boiler and	Machinery		
9. Fire			
10. Extended 0	Coverage		
11. Inland Mari	ne		
12. Homeowne	ers		
13. Commercia	ıl Multi-Peril		
14. Crop Hail			
15. Other	Line of Insurance		
	Line of Insurance		
Brief description Garagekeepers Insurance factor	on of filing. (If filing follows Coverage, we have decrease	ritories) or certain classes? If so, specify s rates of an advisory organization, s sed the rates for Hired Auto Physical Da Deductible and revised wording under orates.	pecify organization): We are adding mage, we have revsied the Deductible
	flect all prior rate changes. Impany's premium level whic	h will result from application of new rate	s. nd Insurance Company
		TOTALIO	Name of Company
		Amy Ozmi	un - Sr. Regulatory Analyst
			Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective		8/1/2010	
(1)	(2)	(3)	
	Annual Premium	Percent	
Coverage	Volume (Illinois)*	Change ( + or -)**	
1. Automobile Liability			
Private Passenger			
Commercial	27,808	-3.0%	
2. Automobile Physical Damage	**(1940);151*(E. SERENT-HOWN-CARESONNECTED BOOKET TO THE PRODUCTION OF THE PROTOCOLOGY OF	SOCIOROGETTE SECRETARIA, INC. TERMINANE SINNANCORCELLE PER SOCIOROGETE DE SECRETARIA D	
Private Passenger			
Commercial	(605)	-4.0%	
3. Liability Other Than Auto	A MONOR CONTINUES CONTINUE	econoccur cucum consecutive econoccus en company en company act in the econoccus encountered en company act in	
4. Burglary and Theft	MALE CHARLES AND AN EXCHANGE CONTRACTOR CONT	**COLORGEOGRAPHICO (1822)***********************************	
5. Glass			
6. Fidelity	en personale consideration in a contraction of the	2000 9 m 200	
7. Surety	4-10-14-01 - THE CHARLES OF THE STATE OF THE CHARLES OF THE CHARLE	SAME AND ADDRESS OF THE PARTY O	
8. Boiler and Machinery		1964 to complete salah kocu procendigundan berin probabiliseksekseksekseksekseksekseksekseksekseks	
9. Fire	Security Control Contr	est zo consente secondo esecutado escondo consente se secondo con esecutado do con departe de consente con consente de conse	
10. Extended Coverage			
11. Inland Marine		Sixtee Contraction	
12. Homeowners	***************************************		
13. Commercial Multi-Peril		$\label{eq:constraints} Note that the constraints of the constraints $	
14. Crop Hail	especial construction and the construction of	processor makes and the second second of the second second second second second second second second second se	
15. Other			
Line of Insurance	NAMES COMPANIANTES		
Does filing only apply to certain territory (territor	ries) or certain classes? If so, specify:		
Brief description of filing. (If filing follows rates In this filing, we are adopting ISO's recent advi			9-BRLA1.
* Adjusted to reflect all prior rate changes	;		
premium is calendar year written premium at ye			
** Change in Company's premium level wh	nich will result from application of new rates;		
change is based on Chubb Group data.			

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MAR 2 9 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Pacific Indemnity Company

Name of Company

Joanna M. Solarz, FCAS, MAAA - Senior Actuarial Officer

## Section 754 EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	te level produced by rate revision
effective 08/01/2010	•

(1)	(2) Annual Premium	(3) Percent
Cavana		
Coverage	- Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Private		
Passenger	\$204,045.00	0%
Commercial	\$ 3,128.00	0%
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		·
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa Classes? If so.	ain territory (territories) o	r certain
specify: N/A		
Brief description of filing. (If	filing follows rates of an a	advisory
Organization, specify		
organization):		ISO Loss Costs contained in
ISO Circular #LI-CA-2010-055 and the	Rules Revision contained in ISO	Circular #LI-CA-2010-054.
*Adjusted to reflect all prior ra	ate changes	
**Change in Company's prenates.		ult from application of new
raics.	Preferred Professi	ional Insurance Company
	. Na	me of Company
		VP, Chief Compliance Officer

		e level produced by rate revision effective	August 1, 2010
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger	0.00	
_	Commercial	871,000	0
2.	Automobile Physical Damage Private Passenger		
	Commercial	351,000	0
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
•	Line of Insurance		
oes f	iling only apply to certain territory (to	erritories) or certain classes? If so, specify:	
No			
Brief o	description of filing. (If filing follows	s rates of an advisory organization, specify	organization):
Scott	sdale Indemnity Company is advising	g your Department of its intent to adopt the	ISO Loss Costs, Rules, and
		r our currently filed Commercial Auto prog	ram. We request an effective
	concurrent with ISO's distribution dat		
		riber of the Insurance Services Office for Co	
	ois. With this filing, we wish to utilize 2009-RRU09, and Forms reference fil	e ISO Loss Cost reference filing CA-2009-1	KLC09, Kules reference filing
· A-	LUUY-KKUUY, and forms reference iii	ing CA-2009-OFK09.	

Scottsdale Indemnity Company Name of Company

<sup>\*</sup> Adjusted to reflect all prior rate changes.\* Change in Company's premium level which will result from application of new rates.

		mium or rate level produced by rate August 1, 2010	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change ( + or -)**</u>
1.	Automobile Liability Private Passenger Commercial	\$1,700	0.0%
2.	Automobile Physical Damage Private Passenger Commercial	\$1,217	0.0%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	-	
7.	Surety		
8.	Boiler and Machinery		W
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	<del></del>	
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance	**	
	s Filing only apply to certain territory ses? If so, specify:	y (territories) or certain	
	f description of filing. (If filing follow nization, specify organization):	Adoption of ISO's 2010 Introduction	on of the Commercial
		Automobile Multistate Loss Costs	
		CA-2009-RLC09	
	* Adjusted to reflect all prior rate character to the character of the cha	evel which will	

Seneca Insurance Company

Name of Company

Kevin Purcell - VP (IRC)
Official - Title

	Change in Company's pro	emium or rate level produced by rate  August 1, 2010	
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change ( + or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial	\$0	0.0%
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	*\$11,141	0.0%
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
		* 2008 Written Premium	
	s Filing only apply to certain territonses? If so, specify:	ory (territories) or certain	
	f description of filing. (If filing follo inization, specify organization):	ws rates of an advisory  Adoption of ISO's Commercial Auto	Multistate Loss Costs
		VAAI2IOII	

Technology Insurance Company
Name of Company

Barry W. Moses, VP Regulatory & Compliance

<sup>\*</sup> Adjusted to reflect all prior rate changes.
\*\* Change in Company's premium level which will result from application of new rates.

C	hange in Company's premium or rate	level produced by rate revision effective	4/1/10 new and 6/1/10 renewals
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial	\$2,707,853	5.5%
2.	Automobile Physical Damage Private Passenger		
2	Commercial	\$767,624	19.8%
3. 4.	Liability Other Than Auto Burglary and Theft		
<del>4</del> . 5.	Glass		
5. 6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
15.	Line of Insurance		
	Dine of monance		
No.		ritories) or certain classes? If so, specify:	:
This f	iling applies to all territories and comr	nercial auto classes.	
Chang well a and C	ges in this filing include revisions to be s Uninsured Motorists Coverage. Age	rates of an advisory organization, specify ase rates for Commercial and Private Passe Group Relativities are revised and exparations are revised. Some Primary and Se	senger Liability and Collision as nded, several SIC Rating Factors
** Ch	justed to reflect all prior rate changes. ange in Company's premium level whi ult from application of new rates.	ich will	
		Truck	Insurance Exchange Name of Company
		Nicol	as Boivin, Assistant Actuary Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	Change in Company's premium or rate level produced by rate revision effective		8/1/2010	
(1)		(2)	(3)	
` '		Annual Premium	Percent	
Cover	rage	Volume (Illinois)*	<u>Change ( + or -)**</u>	
1. Autom	nobile Liability			
Priv	vate Passenger			
Cor	mmercial	1,524	-3.0%	
2. Autom	nobile Physical Damage		SOMEONE STATE OF THE STATE OF T	
	vate Passenger			
	mmercial	874	-4.0%	
	ity Other Than Auto	THE REPORT OF THE PROPERTY OF		
	ary and Theft	202 22222400 03000 030000000000000000000	CTA ALL TOPOGRAPHO CONTRACTOR CON	
5. Glass	aj una illeit		> ************************************	
6. Fidelity	ts.		SECTION CONTRACTOR CON	
•	•		Secretary Section 1999, New York of the Party of the Part	
7. Surety				
	and Machinery	SANCTORISE STATE TO THE RESIDENCE OF THE SANCTORISE STATE STATE OF THE SANCTORISE STATE STATE OF THE SANCTORISE STATE ST	ONE 20 MONTHS SECTION OF THE PROPERTY OF THE P	
9. Fire			Windowski Andrewski and Andrewski Andrewski and Andrewski Andrewski and Andrewski Andrewski and Andr	
	ded Coverage		Sina salam Tillian sandan articular and an anni an an anni an	
11. Inland	Marine	###\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$P\$\$	CONTRACTOR IN THE ADMINISTRACT CONTRACTOR AND ADMINISTRACTOR IN A STREET OF THE ADMINISTRACTOR AND ADMINISTRACTOR ADMINISTRACT	
12. Homeo	owners			
13. Comm	nercial Multi-Peril	**************************************	formal transformation of the contract of the c	
14. Crop F	Hail	32 2011 301 501 501 501 501 501 501 501 501 501 5		
15. Other				
	Line of Insurance			
Does filing only	ly apply to certain territory (territories)	or certain classes? If so, specify:	FOLIANT TO SERVICE MEDICAL PROPERTY OF THE SERVICE AND THE SER	- Managaragang palasara anak daga dakaban dalah da ciki ciki ciki da
		an advisory organization, specify organizary loss costs for commercial auto, ISO rev		009-BRLA1.
NAME OF THE PARTY				alexander and a second a second and a second a second and
		200 ADDIESTO CONTRACTO DE CONTR		
* MONTH TO THE OWNER OF THE OWNER OWNER OF THE OWNER				////
	**************************************			
			BUTCHELOCAL PROPERTY CONTRACTOR C	
	ted to reflect all prior rote changes:	AND THE RECORD COLOR OF THE PROCESS AND THE PR	HETALLIK, MINISTER MENDELSMAL TROUBLING ALL TO SAME TO THE REPORT AND THE SEASON AND ESCAPANIAL ESCAPANIA	ent-impagent : sederate to concesse and the analysis of the an
-	sted to reflect all prior rate changes;	and 2008	TECHNIC AMPRICATION NA CONTINUES AND THE CONTINU	renium generati i releka zolek ini ososoo en en enemanen en
premiur	ım is calendar year written premium at year e	and 2008.  In will result from application of new rates;	изечести, динее имененный уписательный изечество должный эте выполный выполны	non-impense : saac siit in coccord amadam saamannoo ca saccis sac

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STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Vigilant Insurance Company

Name of Company

Joanna M. Solarz, FCAS, MAAA - Senior Actuarial Officer

	Change in Company's pro	emium or rate level produced by rate  August 1, 2010	
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change ( + or -)**</u>
1.	Automobile Liability Private Passenger Commercial	\$59,731	0.0%
2.	Automobile Physical Damage Private Passenger Commercial	\$59,731	0.0%
3.	Liability Other Than Auto	* \$2,335,186	0.0%
4. -	Burglary and Theft		
5.	Glass	-	
6. 7.	Fidelity		
	Surety Reiler and Machinen		
8. 9.	Boiler and Machinery Fire		
9. 10.	Extended Coverage		
10. 11.	Inland Marine		
12.	Homeowners	<del></del>	
13.	Commercial Multi-Peril		
14.	Crop Hail		<u> </u>
15.	Other		
	Line of Insurance	* 2008 Written Premium	
	s Filing only apply to certain territonses? If so, specify:	ory (territories) or certain	
	f description of filing. (If filing follo nization, specify organization):	ws rates of an advisory  Adoption of ISO's Commercial Auto	o Multistate Loss Costs
_	,	Revision	
		<del> </del>	

Wesco Insurance Company
Name of Company

Barry W. Moses, VP Regulatory & Compliance

<sup>\*</sup> Adjusted to reflect all prior rate changes.
\*\* Change in Company's premium level which will result from application of new rates.

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

# FORM (RF-3)

(1)	(2) Annual Premium	(3) Percent
Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	Change (+or-) **
Automobile Liability Private Passenger		
Commercial		
Automobile Physical Damag		_
Private Passenger		
Commercial	12,475,474	-25%
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety	······································	
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to cert Classes? If so, specify:	ain territory (territories) o	r certain
Brief description of filing. (If Organization, specify organization):	filing follows rates of an	advisory
*A display to mag - t all arises	esta abangas	
*Adjusted to reflect all prior r **Change in Company's prei		ult from application of new
rates.	Rhonda Roberts	Westfield Insurance
	***************************************	
		ame of Company
	Line of Business S	
		Official - Title

# Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or rate level produced by rate revision effective			8/1/2010	
(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*		(3) Percent Change ( + or - )	
Coverage	volume ( millolo )		Change ( ' o. 1	
1. Automobile Liability Private				
Passenger Commercial	<u>\$77,256</u>	_	0.0%	
2. Automobile Physical Damage	<b>*</b> 0.050		0.00/	
Private Passenger Commercial	\$9,952		0.0%	
Liability Other Than Auto     Burglary and Theft		_		
5. Glass		_		
6. Fidelity		_		
7. surety		_		
8. Boiler and Machinery		_		
9. Fire		<u>-</u>		
10. Extended Coverage		_		
11. Inland Marine				
12. Homeowners		_		
13. Commercial Multi-Peril		_		
14. Crop Hail		_		
15. Other		_		
Line of Insurance				
Does filing only apply to certain territory ( to	erritories ) or certain classes	? If so, specify:	No	
Brief description of filing . ( If filing follows r Adoption of ISO Loss Cost	ates of an advisory organiza	ation, specify org	ganization ):	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whi	ch will result from applicatio	n of new rates.		
		Westport Insur	rance Corporation	
			of company	
			·	
			e Filings Assistant	
		Offic	cial-Title	